EXHIBIT C

FORM B10 (Official Form 10) (10/05)

Harris Court Programmy Court	District of Manada	
United States Bankrupicy Court	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL	Case Number	
MORTGAGE COMPONY	010-10725-LBR	
NOTE This form should not be used to make a claim for an adminis	trative expense arising after the commencement	
of the case. A request for payment of an administrative expense mag	y be filed pursuant to 11 USC \$ 503	
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	
dubtor gives money or property) KICHARDM RAKER		
dibior own money or property) KICHARD M RAKER Trustee of the Richardom RAKER 110109 trust dated 3-18-98	your claim Attach copy of statement giving particulars	
1101ng trugi dated 3-18-98	Check box if you have never received any	
Name and address where notices should be sent RICHARD IN RAKER	notices from the bankruptcy court in this	
982 shoreline Drive ayyou	Check box if the address differs from the	
SAN mateo - CANT 94404	address on the envelope sent to you by	Tour Proces of ton Control Her Control
Tulephone number 1050-377-0760	the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here replaces	day USA Confel
identifies debtor	if this claim amends a previously filed of	claim dated <u>USA (Aprila)</u>
1 Basis for Claim	Retiree benefits as defined in 11	
Goods sold	Wages salaries and compensation Last four digits of your SS #	
Services performed	Unpaid compensation for service	
Money loaned Personal injury/wrongful death		
Taxes Seo Tithe BITA	from to_ (date)	(date)
U Otner		
2 Date debt was incurred ACCOCCOCCOCC	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes th.	at best describe your claim and state the amount of	the claim at the time case filed
San aware and for unportant avalantions	Secured Claim	
Unsecured Nonpriority Claim \$ 262,420.		named by pollatoral (walness
Check this box if a) there is no collateral or lien securing you.	r claim or a right of setoff)	ecured by constern (including
b) your claim exceeds the value of the property securing it of if () only part of your claim is entitled to priority	Briet Description of Collateral	
	Real Estate Motor Vel	hicle Other
Unsecured Priority Claim	Value of Collateral & Mak	
Check this box if you have an unsecured claim ail or part of we entitled to priority	Amount of arrearage and other charges	
Amount entitled to priority \$	sucured claim if any \$2420	<u>/5</u>
Specify the priority of the claim	Up to \$2 225* of deposits toward purch or services for personal family or house	
Domestic support obligations under 11 USC \ 507(a)(1)(A) o	F	
(a)(1)(B)	Taxes or penalties owed to governmenta	al units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 USC \$ 507(a)(4)	or s Other - Specify applicable paragraph of	11 USC § 507(a)()
business whichever is earlier 11 USC \$ 507(a)(4)		
Contributions to an employee benefit plan - 11 U S C § 507(a		
5 Total Amount of Claim at Time Case Filed	\$262,420.15 262,420 15	262,420.15
Check this box if claim includes interest or other charges in add		ority) (Total) itemized statement of all
interest or additional charges		
6 Credits The amount of all payments on this claim has been	credited and deducted for the purpose of TH	HIS SIACE IS FOR COURT USE ONLY
making this proof of claim		
7 Supporting Documents Attach copies of supporting documents orders, involves them and stelements of supports yourse, country to the contract of supports of suppo		
orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien. DO NOT SFN		
documents are not available explain. If the documents are voluments		
8 Date-Stamped Copy To receive an acknowledgment of the fi	ling of your claim enclose a stamped self.	FR 1841 4 8 2007
addressed envelope and copy of this proof of claim		ED JAN 1 2 2007
Date Sign and print the name and title if any of t	the creditor or other person authorized to	
file this clarm (attack copy of power of attor	AICHAIOS NOINE	
I ARa Th	15/ce	USA CMC
Penalty for p esenting fraudulent claim. Fine of up to \$500,000 or		1072502188

Case 06-10725-gwz Doc 8600-3 Entered 07/10/11 15:19:17 Page 3 of 11 **FÖRM B10 (Official Form 10) (10/05)**

UNITED STATES	BANKRUPTCY COURT	Dis	TRICT	OF	Nevada	PROOF OF CLAIM
Name of Debtor U	SA Commercial Mortgage Company	Case I	Number	06	-10725-LBR	THOU OF OUR HA
NOTE This form shof the case A "requ	nould not be used to make a claim for an administrative expense ma	trative exp y be filed j	ense arı pursuan	ising it to	after the commencement 11 USC § 503	
debtor owes money Robert	he person or other entity to whom the or property): L Ogren, Trustee of the Robert L Ogren ated 6/30/92 (Acct#2)	else your	has file claim ng parti	ed a p Atta cular	ou are aware that anyone proof of claim relating to ach copy of statement rs. u have never received an	v
Name and address v Robert L. Ogren 3768 Rick Stratt Las Vegas, NV 8	on Drive	notic case Che	ces from	m the	e bankruptcy court in this e address differs from the	
Telephone number	•		ess on court.	the e	nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
	count or other number by which creditor		ck here is clain		replaces amends a previously i	iled claim dated
✓ Money Personal Taxes ✓ Other —	old performed loaned injury/wrongful death See Exhibit A			Wag Last Unp	ree benefits as defined ages, salaries, and comper four digits of your SS agaid compensation for so (date)	usation (fill out below) f ervices performed
2. Date debt w	as incurred. 11/18/05	3.	If co	ourt	judgment, date obtain	ed.
See reverse side Unsecured Nonp Check this bo b) your claim excess only part of your c Unsecured Priorit Check this bosentitled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages salaries days before filing of business whichever	x if you have an unsecured claim all or part of v	r claim, or none or which is	Ame seculup to or serving 507. Taxes Other mounts with re-	Cheght of Br Va ount ured \$2,2 vices (a)(7 or presented are:	neck this box if your claim feeth this box if your claim of ectoff) nef Description of Collate Real Estate Mote flue of Collateral \$	eral or Vehicle Other— narges at time case filed included in 556 Durchase, lease or rental of property household use - 11 U S C nental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter in or after the date of adjustment
5. Total Amou	nt of Claim at Time Case Filed	\$	162,			162,245 56 (Total)
interest or addi	if claim includes interest or other charges in ad- tional charges	dition to th	/	,	, (hanned)	
6. Credits. The making this proof. 7 Supporting Dorders invoices agreements, and documents are in 8. Date-Stamped	e amount of all payments on this claim has been of of claim ocuments: Attach copies of supporting documents: Attach copies of supporting documents attemized statements of running accounts, contributed evidence of perfection of lien. DO NOT SEN tot available, explain. If the documents are voluted to the first pope and copy of this proof of claim. Sign and print the name and trile, if any, of file this claim (attach copy of power of atto.)	nents, such acts, court ID ORIGII minous, at iling of you the credito mey, if an	as proi judgme NAL E tach a s ur clain r or oth y)	misso ents, DOCI sumr n, en	ory notes, purchase , mortgages, security UMENTS If the mary close a stamped self-	THIS SPACE IS FOR COURT USE ONLY LED JAN 10 2007
V 1100/2001	Foliate J. Ogun	77	<u>E</u> E			USA CMC 1072502001

	0725-awz Doc 8600	-3Er	ntered 07/10/11 15:	19:17 Pac	ie 4 of 11
UNITED STATES BAN DISTRICT OF		PRO	OOF OF CLAIM	YOUR CLA	AIM IS SCHEDULED AS
Name of Debtor	<u> </u>	Case Nu	mber	Schedule/Claim ID	s32411
USA Commercial Mortga	ge Company	06-107	'25-LBR	Amount/Classifica	tion
	go company			\$200 10 Unsecure	d
NOTE See Reverse for List of Debtor. This form should not be used to make arising after the commencement of the administrative expense may be filed to the second second second second second second second second second sec	e a claim for an administrative exp ie case A request' for payment		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		ted above constitute your claim as
Name of Creditor and Address 11321240003110 ROBERT R RODRIGUEZ 2809 EASY ST PLACERVILLE CA 95667 3906		statement giving particulars Check box if you have never received any notices	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have nother claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingen Unliquidated or Disputed, a proof of claim must be filed.		
Creditor Telephone Number () Last four digits of account or other nu	imber by which creditor identifies	debtor			E IS FOR COURT USE ONLY
cast four digits of account of ourse ha			Check here replace or if this claim amer	. a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	rsonal injury/wrongful death	Wages	salaries, and compensation ((fill out below)	Other claims against service
= /	xes —		digits of your SS #		(not for loan balances)
Money loaned	ner (describe briefly)	Unpaid o	ompensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED		3 IF C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
	neck the appropriate box or boxes that				time case filed
See reverse side for important explanation			SECURED CLAIM		
UNSECURED NONPRIORITY CLAI	M \$eral or lien securing your claim or b) y	our oloum	Check this box if ye	our claım ıs secur	ed by collateral (including
exceeds the value of the property sec	eral or lieft securing your claim of b) your euring it or if c) none or only part of you		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM			Brief description of	collateral	
Check this box if you have an unsecu	red claim, all or part of which is		Real Estate	☐ Motor Vehicle	Other
entitled to priority	ou stant and part of finishing		Value of Collateral	\$	
Amount entitled to priority \$			Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim			secured claim, if any	\$	
Domestic support obligations under 1	1 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toward		
Wages salaries or commissions (up before filing of the bankruptcy petition	to \$10 000) earned within 180 days	r	services for personal family o		• (), (
business whichever is earlier 11 U		늗	Taxes or penalties owed to go Other Specify applicable para		• ,,,,
Contributions to an employee benefit	plan 11 U S C § 507(a)(5)	┺	* Amounts are subject to adjus with respect to cases commen	stment on 4/1/07 and	l every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED	\$:	329,9	77, 39 \$		\$ 329,977 39
AT TIME CASE FILED	(unsecured)	(s	ecured)	(pпority)	(Total)
Check this box if claim includes inte	rest or other charges in addition to th	e principal	amount of the claim Attach ite	emized statement o	f all interest or additional charges
6 CREDITS The amount of all pay 7 SUPPORTING DOCUMENTS running accounts contracts, courd DOCUMENTS If the documents	Attach copies of supporting docu- judgments, mortgages, security	<i>ıments,</i> sı agreemen	ich as promissory notes pur ts and evidence of perfection	chase orders, inv n of lien DO NC	oices, itemized statements of
8 DATE-STAMPED COPY To proof of claim	receive an acknowledgment of the	e filing of y	our claim, enclose a stampe	ed self addressed	l envelope and copy of this
The original of this completed p ACCEPTED) so that it is actually for each person or entity (included governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing C P O Box 911	y received on or before 5 00 pm ding individuals, partnerships, o	n, prevailing or poration of the prevail of the pre	ng Pacific time, on Novemb ons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO	oer 13, 2006 and	THIS SPACE FOR COURT USE ONLY
El Segundo CA 90245 0911		El Seguno	do CA 90245		ED JAN 11 2007
	nd print the name and title if any of the isclaim (attachespect power of attorn		other person authorized to file	FIL	EN JULY T
JAN 9,2007	cuto & Kely)		USA CMC
Penalty for presenting fraudulent claim a	fine of up to \$500 000 or imprisonment	for up 40 5	years or both 18 USC §§ 15	2 AND 3571	1072502071

Cas	e 06-10725-gwz Doc 8600	3 <u>E</u> r	ntered 07/10/11 15:1	9:17 Pag	je 5 of 11
		PRO	OOF OF CLAIM		
Name of Debtor		Case No	umber	{	
	Nortgage Company	06-10	725-LBR		
This form should not be used	t of Debtors and Case Numbers d to make a claim for an administrative exp nent of the case A "request" for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Name of Creditor and ROMONOSI 4429 PEACE LAS VEGAS	1132124203835 KI MAURY EFUL MORNING LN	9	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address	DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TI	DO <u>NOT</u> HAVE TO FILE A PROOF 8 INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Constitute Talanka a Number			differs from the address on the envelope sent to you by the court	Bankruptcy Cour	ready filed a proof of claim with the to BMC you do not need to file again CE IS FOR COURT USE ONLY
Creditor Telephone Number Last four digits of account or	other number by which creditor identifies	debtor:			DE 13 FOR COOKT USE UNLT
4329	3653 4330 7	707	Check here replace or if this claim american	 a previous! 	y filed claim dated
1 BASIS FOR CLAIM		Retiree k	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes	-	salanes, and compensation (fill out below)	Other claims against service (not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	rformed from	to
2 DATE DEBT WAS INCUR	RED FEB 9, 2005	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
	AIM Check the appropriate box or boxes that	best descri	be your claim and state the amou	unt of the claim at	the time case filed
See reverse side for importan	TY CLAIM \$ 25,000		SECURED CLAIM		
Check this box if a) there i	s no collateral or lien securing your claim or b):			our claim is secu	red by collateral (including
exceeds the value of the pa entitled to priority	roperty securing it or if c) none or only part of yo	ur claim is	a right of setoff)	aallataral	
UNSECURED PRIORITY CL	AIM	. —-	Brief description of	_	7 7 a.
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral		Nawy
Amount entitled to priority Specify the priority of the cl	\$		Amount of arrearage an secured claim if any	d other charges	at time case filed included in
Domestic support obligation	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa	rd purchase lease	or rental of property or
	ssions (up to \$10 000)* earned within 180 days licy petition or cessation of the debtor's		services for personal family of		• • • • • • • • • • • • • • • • • • • •
business whichever is earl		님	Taxes or penalties owed to gov Other - Specify applicable para		
Contributions to an employe	ee benefit plan - 11 U S C § 507(a)(5)	ب	* Amounts are subject to adjus	•	• • •
5 TOTAL AMOUNT OF CLA		755.	with respect to cases commen	ced on or after the	
AT TIME CASE FILED	V 24	/9 % `	⊌- 0 \$	4	_\$125,000
Check this box if claim inclu	(unsecured) udes interest or other charges in addition to the	•	ecured) amount of the claim Attach iten	(рполіту) nized statement o	(Total) f all interest or additional charges
7 SUPPORTING DOCUM running accounts, contract	f all payments on this claim has been creding the second s	<i>ments,</i> sur	ch as promissory notes, purc a, and evidence of perfection	hase orders, inv	oices, itemized statements of
	Y To receive an acknowledgment of the			•	envelope and copy of this
ACCEPTED) so that it is	pleted proof of claim form must be sent actually received on or before 5 00 pm, y (including individuals, partnerships, co	prevailing	g Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURTO
BY MAIL TO BMC Group		BY HAND C	OR OVERNIGHT DELIVERY TO	Į.	7 1LL
Attn USAČM Claims Doci	keting Center	Attn USA	CM Claims Docketing Center	į.	
P O Box 911 El Segundo CA 90245-09			Franklin Avenue o, CA 90245	ł	USA CMC
DATE	SIGN and print the name and title if any of the	creditor or			
1-11-07	this claim (attach copy of power of attorne	ey ((any) <u>21_0</u> 2	She	J	
Penalty for presenting fraudulent	claim is a fine of up to \$500 000 or imprisonment	t for up to 5	years or both 18 USC §§ 1	52 AND 3571	

DISTRICT OF NEVADA	PRO	OOF OF CLAIM	YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Nu	ımber	Schedule/Claım II	O s32478
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classifica	tion
Sort Commercial mortgage Company	00 .0.	LU LUIT	\$1 360 66 Unsecu	red
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exarising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating	The amounts reflec	cted above constitute your claim as
Name of Creditor and Address THE RUBY M HILL FAMILY TRUST DATED DECEMBER 12 1992 C/O RUBY M HILL TRUSTEE 877 E MARCH LN APT 377 STOCKTON CA 95207 5880 Creditor Telephone Number (269 952 -9069	001619	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the D you agree with the other claim against this proof of claim to if the amounts sho Unliquidated or D filed If you have alre Bankruptcy Court	lebtor or pursuant to a filed claim If amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, isputed, a proof of claim must be leady filed a proof of claim with the or BMC you do not need to file again IEE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies # 6673	debtor	Check here replace	ces	filed claim dated
		If this claim amer		- <u></u>
1 BASIS FOR CLAIM	Retiree l	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	- L	salaries, and compensation ((fill out below)	Other claims against service (not for loan balances)
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		r digits of your SS #		,
United Interview Countries	Unpaid o	compensation for services pe	errormed from	to (date) (date)
2 DATE DEBT WAS INCURRED 2005/06	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(uate) (uate)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes tha	it best descri	be your claim and state the amou	nt of the claim at the	time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo entitled to priority	your claim our claim is	Check this box if you a right of setoff) Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		☐ Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		CITIE!
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages, salaries or commissions (up to \$10 000)*, earned within 180 days		Up to \$2 225* of deposits toware services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		• ()()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L_	Other Specify applicable para Amounts are subject to adjus with respect to cases commen	stment on 4/1/07 and	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ 36 (00 \$	26	44 00 \$		\$ 4005.00
AT TIME CASE FILED (unsecured)	"	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to t	the principal	amount of the claim Attach ite	emized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doc running accounts contracts court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the	<i>c<u>uments,</u> sı</i> / agreemen	uch as promissory notes pur its and evidence of perfection	chase orders, inv n of lien DO NO	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	he filing of y	your claım, enclose a stampe	ed, self addressed	d envelope and copy of this
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pr for each person or entity (including individuals, partnerships,	m, prevaili	ng Pacific time, on Novemb	per 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	•	Tiled Date
Attn USACM Claims Docketing Center P O Box 911	Attn USA	ACM Claims Docketing Cente It Franklin Avenue	er	9/29/2006
El Segundo CA 90245 0911		do CA 90245		
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	ne creditor or	other person authorized to file		1104 0440
19-28-06 Kuby M. Thele,	USA CMC			

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPICY COURT	D	CADIC I C	M. Mari	l .	
		STRICT C	Ji <u>INev</u>	ada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	any Case Number 06-10725-LBR				
NOTE This form should not be used to make a claim for an admini	istrative ex	pense arisi	ng after	the commencemen	nt
of the case. A request for payment of an administrative expense m	ay be filed	pursuant	to II U S	SC § 503	
Name of Creditor (The person or other entity to whom the	Ch			ware that anyone	
dcbtor owcs money or property) Alan R Simmons & Judith B Simmons husband	else			of claim relating to py of statement	0
& wife as joint tenants with right of survivorship	gıv	ing particu	lars		
Name and address where notices should be sent	Che	eck box it	you have	never received a ruptcy court in th	iny No
ALAN R SIMMONS & JUDITH B SIMMONS PO BOX 13296	cas	e			
SOUTH LAKE TAHOE CA 96151-3296				ss differs from the	
Telephone number Last four digits of account or other number by which creditor	the	court			THIS SEACE IS FOR COURT USE ONLY
identifies debtor	1	eck here us claim	replac		filed claim dated
1 Basis for Claim	<u> </u>	Re	<u> </u>		ın 11 U S C § 1114(a)
Goods sold		_	ages sala	aries and compe	ensation (fill out below)
Services performed ✓ Money loaned		⊔ La	st four d	igits of your SS	#ervices performed
Personal injury/wrongful death					
Taxes ✓ Other See Exhibit A		110	· III	(date)	to (date)
2 Date debt was incurred	3	If cour	t undam	ent, date obtain	and
December 2002					
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations	at best des	cnbe your	claım aı	nd state the amou	int of the claim at the time case filed
Unsecured Nonpriority Claim \$ 593,144 11			d Clair		
	r claum or		Check this of setoff	box if your clair	m is secured by collateral (including
b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority	none or	a rigin			
Unsecured Priority Claim		4 <u>-</u> 2	Real E	cription of Collat	
Check this box if you have an unsecured claim all or part of w	ale and the same	. –		ш	or Vehicle Other———
entitled to priority	mich is	l		· 	narges at time case filed included in
Amount entitled to priority \$		secured	claim i	fany \$ <u>9291</u>	46
Specify the priority of the claim	П	Up to \$2	225* of (deposits toward r	ourchase lease or rental of property
Domestic support obligations under 11 U S C \ 507(a)(1)(A) or (a)(1)(B)	r 🗀	or service § 507(a)(s for per	sonal family or	household use - 11 U S C
(a)(1)(b)	П			owed to governn	nental units 11 U S C § 507(a)(8)
Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debte	180 T				oh of 11 USC § 507(a)()
11 0 3 C \ 307(a)(4)	*Am	ounts are	subject t	o adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 USC § 507(a)	(5)	with respe	ect to cas	es commenced or	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	_	593,144 (unsecured		93,144 11	593,144 11
Check this boy if claim includes interest or other charges in additional charges	tion to the	principal	amount	(secured) of the claim Att	(priority) (Total) ach itemized statement of all
6 Credits The amount of all payments on this claim has been					
making this proof of ciaini					THIS SEACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts and the support of support	nts such a	s promiss	ory notes	purchase	JAN 12 2007
orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien DO NOT SEND) UKIGIN	AL INK	HMENT	ges security)	JAN IN LOU!
documents are not available explain. If the documents are volum	unous atta	ech a sumi	narv	i	
8 Date Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	ng of your	claım en	close a st	tamped self-	
Date Sign and print the name and title if any of the	e creditor	or other p	erson au	thorized to	
01/11/07	iey if any))			
Alan Symmon	24 Alan	R Sımn	nons		USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or					######################################

Casa 06-10725-awz Doc 8600	_2 _ E n	tered 07/10/11 15.	10·17 Pag	0 8 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OF OF CLAIM	13.17 1 ag	,
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	725-LBR		
			ì	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address 1132124203901: STRICKER, LESLEY	3	statement giving particulars Check box if you have never received any notices	OF CLAIM THIS BORROWER HEL	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THATD IN THE COLLECTION ACCOUNT
4 STANLEY STREET PLEASANTVILLE NY 10570		from the bankruptcy court or BMC Group in this case Check box if this address	SECURED INTER ONE OF THE DEI	
		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ()914-769-7767		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies a Client ID 1390 Account ID 1137	debtor	Check here replace or amer	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal and Interest
Goods sold Personal injury/wrongful death	=	salaries and compensation (Other claims against servicer
Services performed Taxes		digits of your SS#		(not for loan balances)
Money loaned	Unpaid o	compensation for services pe	erformed from	to
2 DATE DEBT WAS INCURRED various—see attached	3 IE C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b)	vour alam	Check this box if y	our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of ye	our claim is	a right of setoff)	ee Attache	d Rider
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	_
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral		
Amount entitled to priority \$		Amount of arrearage a secured claim, if any	nd other charges \$ ປກໄງຊາງປ	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	, L	<u> </u>	
Wages salaries or commissions (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposits tow services for personal family of	or household use 1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go		• • • • • • • • • • • • • • • • • • • •
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other - Specify applicable par		- · · · · · · · · · · · · · · · · · · ·
		* Amounts are subject to adju with respect to cases comme		
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	206,76	50.87 \$		\$ 206,760.87
(unsecured) Check this box if claim includes interest or other charges in addition to the charges in the	•	secured) amount of the claim Attach ite	(prionty) emized statement o	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre	dited and o	deducted for the purpose of r	making this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts contracts court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the	agreement	ts and evidence of perfection	n of lien DO NO	roices, itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				d envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevailir	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MALL TO		OR OVERNIGHT DELIVERY TO	0	TR 1411 1 4 2007
BMC Group Attn USACM Claims Docketing Center		ACM Clayns Docketing Cente	er FIL	ED JAN 1 0 2007
P O Box 911 El Segundo CA 90245-0911		st Franklin Avenue do, CA 90245		
DATE SIGN and print the name and title, many of the	he creditor o			1104 0450
this claim (attactive gov of power of atta		2r.		USA CMC
Lesley Stricker, Cre	ditor			1072501958

ORM B10 (Official Form 10) (10/05)

United States Bankrupicy Court	D'	יכז פורן	OF	Nevada		
					_	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case	Number	r 06-	-10725-LBR		
NOTF This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense ma					ent	
Name of Creditor (The person or other entity to whom the debtor owes money or property) T-2 Enterprises LLC Manager Warren W Tripp	else	se has file	led a pr n Attac	u are aware that anyone froof of claim relating to the copy of statement	to	
Name and address where notices should be sent Warren W Tripp		tices fron		a have never received a bankruptcy court in the		
250 Greg Street Sparks, NV 89431 Telephone number (775) 355-7552	Che add	neck box		address differs from the address differs from the avelope sent to you by		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Che	neck here this claim		replaces amends a previously	y filed	claim dated
I Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other			Wages Last fo Unpai	ee benefits as defined es salaries and compfour digits of your SS and compensation for (date)	ensations S# service	on (fill out below) es performed
2 Date debt was incurred August 2004	3	If co	ourt ji	udgment, date obtai	ıned	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 405,856.76 Check this box if a) there is no collateral or lien securing you be your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) of (a)(1)(B) Wages salaries, or commissions (up to \$10,000) * earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U.S.C. \$ 507(a)(4) Contributions to an employee benefit plan 11 U.S.C. \$ 507(a)	ur claim of none or which is or or tin 180 thor's (a)(5)	Amo security Sortion Security Sortion Security Sortion	Checoght of Brie Valuation of the count of the checoght of t	Claim eck this box if your clair setoff) ef Description of Colla Real Estate Moue of Collateral \$	lateral otor Ve Unkr charge 56 76 d purch or hous raph of on 4/1/0	chicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in ad-	•	(unseco	ecured)	(secured)	(pri	iority) (Total)
 6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts, contragreements, and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are volu 8. Date-Stamped Copy To receive an acknowledgment of the fit addressed envelope and copy of this proof of claim 	n credited inents, such racts court ND ORIGI	and dediction as promet judgme silval Deattach a silval mur claim	missory nents m DOCUM summa m enclo	I for the purpose of ry notes purchase mortgages, security IMENTS If the Lary lose a stamped self-	TH	HIS SPACE IS FOR COURT USE ONLY JAN 11 2007
Date Sign and print the name and title if any of file this claim (attach copy of power of atto	the creditorney if an	or or other	ier per	son authorized to		USA CMC

FCRM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dis	TRIC I	OF Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR			PROOF OF CLAIM
NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense ma				nt
Name of Creditor (The person or other entity to whom the dubtor owes money or property) T-3 Enterprises LLC Manager Warren W Tripp	else you	has filed claim ng partici		0
Name and address where notices should be sent Warren W Tripp 250 Greg Street Sparks NV 89431	noti case Che	ces from	you have never received a the bankruptcy court in th the address differs from the envelope sent to you by	118
Telephone number (775) 355-7552 Last four digits of account or other number by which creditor identifies debtor	Che	court ck here is claim	replaces	filed claim dated
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other See Exhibit A		R W	etiree benefits as defined /ages salaries and compe ast four digits of your SS inpaid compensation for som	in 11 U S C § 1114(a) ensation (fill out below) # ervices performed
2 Date debt was incurred FEB 2005	3	If cou	rt judgment, date obtain	ned
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$_304,220 38 Check this box if a) there is no collateral or lien securing you be your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \(\frac{5}{507}(a)(1)(A) \) of (a)(1)(B) Wages salaries, or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \(\frac{5}{507}(a)(4) Contributions to an employee benefit plan - 11 U S C \(\frac{5}{507}(a)(4)	or claim or none or vhich is or 180 or *An	Amou secure Up to \$2 or service § 507(a) Taxes or Other	Check this box if your clait of setoff) Brief Description of Collary Real Estate Mot Value of Collateral \$ ant of arrearage and other cold claim if any \$	m is secured by collateral (including teral or Vehicle Other———Unknown Charges at time case filed included in
Check this box if claim includes interest or other charges in addinterest or additional charges		(unsecum	ed) (secured)	(priority) (Total)
 6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contral agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are voluing addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any, of the file this claim (attach copy of power of attornaments). 	ents, such a acts court j D ORIGIN minous att ling of you	us promis udgment IAL DO ach a sur r claim e	ssory notes purchase ts mortgages, security CUMENTS If the nmary enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY ED JAN 11 2007 USA CMC
Waren (1)	Lyó			

FORM B10 (Official Form 10) (10/05)

UNITED STATE	S BANKRUPTCY COURT	United States Bankruptcy Court District of Nevada				
Name of Debtor	USA Commercial Mortgage Company	Case	Number	06-10725-LBR	PROOF OF CLAIM	
	should not be used to make a claim for an admini quest—for payment of an administrative expense ma				nt .	
debtor owes mone	(The person or other entity to whom the y or property) a L Threlfall	else you givi	has filed r claim ng partic		0	
Name and address Ronda L Thre 9915 Saddleba Lakeside, CA	ack Drive	note case	ces from ck box 11	f you have never received a the bankruptcy court in the f the address differs from th	ns	
Telephone number	r (619) 401-1337	the	court.	he envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of identifies debtor	account or other number by which creditor		ck here is claim	replaces amends a previously	filed claim dated	
✓ Money				Retiree benefits as defined Wages salaries and competant four digits of your SS Jippaid compensation for strom(date)	ensation (fill out below) #ervices performed	
Other -	PAC MONTH A	3.	If cou	irt judgment, date obtair		
	Warch 2004					
Unsecured Non Check this b b) your claim exceonly part of your Unsecured Prior Check this beentitled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B)	ox if you have an unsecured claim all or part of w	r claim, or none or /hich is	Amou secure Up to \$2 or service \$ 507(a) Taxes or	Check this box if your claim of setoff) Brief Description of Collain Real Estate Motovalue of Collateral Lint of arrearage and other cled claim if any \$2.804 2,225* of deposits toward claim of ces for personal, family or (2)(7) The penalties owed to governing the control of the ces for personal family or (2)(7)	teral or Vehicle Other— tharges at time case filed included in	
1 []	r is earlier - 11 USC § 507(a)(4) s to an employee benefit plan - 11 USC § 507(a)		ounts ar	re subject to adjustment on	4/1/07 and every 3 years thereafter on or after the date of adjustment	
	nt of Claim at Time Case Filed		202,80		\$202,806 94	
				pal amount of the claim At	(priority) (Total) tach itemized statement of all	
6 Credits The making this pro-	e amount of all payments on this claim has been of of claim	credited a	nd deduc	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY	
7 Supporting D orders invoices agreements and documents are r 8 Date-Stamped	ocuments. Attach copies of supporting docume itemized statements of running accounts contraid evidence of perfection of lien. DO NOT SENI not available explain. If the documents are volunt Copy. To receive an acknowledgment of the fillope and copy of this proof of claim.	cts court j D ORIGIN ninous, att ing of you	idgment AL DO ach a sur claim, c	ts, mortgages security CUMENTS If the mmary enclose a stamped, self-	FILED JAN 1 2 200	
1/08/07	Sign and print the name and title if any, of the file this claim (attach copy of power of attorn Ronda L. Threlfall	new of any	or other	person authorized to	USA CMC	